

### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

## Humana Medical Plan of Michigan, Inc.

| NAIC C  | Group Code 0119   | 0119 NAIC Company Cod  | le <u>14224</u> Employer's I  | D Number <u>27-3991410</u>  |
|---|---|--|---|---|
| Organized under the Laws of   | (Current) MIc   | (Prior)<br>higan ,   | State of Domicile or Port of E  | ntry MI   |
| Country of Domicile   |   | United States  | of America  |   |
| Licensed as business type:  |   | Health Maintenand  | ce Organization   |   |
| Is HMO Federally Qualified?   | es[]No[X]   |  |   |   |
| Incorporated/Organized  | 11/16/2010  |  | Commenced Business  | 02/29/2012  |
| Statutory Home Office   | 250 Monroe NW   | /, Ste. 400 ,  |   | Grand Rapids , MI, US 49503   |
|   | (Street and N   | lumber)  | (City o   | r Town, State, Country and Zip Code)  |
| Main Administrative Office  |   | 500 W. M<br>(Street and  |   |   |
| (City or 7  | Louisville , KY, US 40202   |  |   | 502-580-1000  |
| , ,   | own, State, Country and Zip   | •  | ,   | Area Code) (Telephone Number)   |
| Mail Address  | P.O. Box 74003<br>(Street and Number or F   |  |   | Louisville , KY, US 40201-7436<br>r Town, State, Country and Zip Code)  |
| Primary Location of Books and   | Records   | 500 W. N   | Main St.  |   |
|   | Louisville , KY, US 40202   | (Street and  | Number)   | 502-580-1000  |
| (City or  | own, State, Country and Zip   | Code)  | (/  | Area Code) (Telephone Number)   |
| Internet Website Address  |   | www.huma   | ana.com   |   |
| Statutory Statement Contact   | Ad  | am Moss  | ,   | 502-580-3026  |
| D   | OIINQUIRIES@humana.com  | (Name)   |   | (Area Code) (Telephone Number)<br>502-580-2099  |
|   | (E-mail Address)  |  |   | (FAX Number)  |
| President & CEO   | Bruce Dale  | OFFIC<br>Broussard   | Sr. VP and CFO  | Brian Andrew Kane   |
| VP & Corporate Secretary  |   |  | VP & Chief Actuary  |   |
| Alan James Bailey John Gregory Catron, VP &   | Chief Compliance Officer  | Elizabeth Diane Bierbowe<br>Charles Wilbur Dow Jr., Reg<br>Lakes   | er, Pres, Group Segment<br>g. PresSr. Products/Great<br>Reg.  | Renee Jacqueline Buckingham #, VP & Div. Leader -<br>Northern Division  Brian Phillip LeClaire, Ph.D., Sr. VP & Chief Information Officer   |
| Susan Lynn Mateja #   | , Appointed Actuary   | Steven Edward McCulley, S<br>George Renaudin II, Seg. VI   | SVP, Medicare Operations P, Retail East and Provider  | William Mark Preston, VP-Investment Management  |
| Richard Donald Remme  | rs, VP, Group Segment   | Experi   | ience   | Donald Hank Robinson, Vice President - Tax  Cynthia Hillebrand Zipperle, VP & Chief Accounting  |
| Timothy Alan Wheatley, P  | resident, Retail Segment  | Ralph Martin Wilso   | on, Vice President  | Officer   |
| Bruce Dale  | Broussard   | DIRECTORS OF<br>Robert Michael Boch  |   | Brian Andrew Kane #   |
|   |   |  | ,   |   |
| State of County of  | Kentucky<br>Jefferson   | SS:  |   |   |
| The officers of this reporting en all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the | tity being duly sworn, each de<br>ets were the absolute proper<br>exhibits, schedules and expl<br>reporting entity as of the rep<br>nnual Statement Instructions<br>fferences in reporting not re<br>scope of this attestation by t | ly of the said reporting entity, anations therein contained, an orting period stated above, and and Accounting Practices and elated to accounting practices he described officers also inclinations. | free and clear from any lien-<br>nexed or referred to, is a full id<br>d of its income and deductions<br>d Procedures manual except<br>is and procedures, according<br>udes the related corresponding | coording entity, and that on the reporting period stated above so or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the statement for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and beliefing electronic filing with the NAIC, when required, that is any be requested by various regulators in lieu of or in addition |
| Bruce Dale Brou<br>President & C  |   | Joseph Christop<br>VP & Corporat   |   | Alan James Bailey<br>VP & Treasurer   |
| Subscribed and sworn to before 23rd day of  Michele Sizemore  |   | iary, 2018   | a. Is this an original filin b. If no,  1. State the amendm 2. Date filed   | nent number   |
| Notary Public<br>January 3, 2019  |   |  |   |   |

# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1   | 2           | 3            | 4            | 5            | 6           | 7        |
|---|-------------|--------------|--------------|--------------|-------------|----------|
| Name of Debtor  | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199999 Total individuals   | 220,351     | 92,334       | 59,718       | 179,245      | 179,245     | 372,402  |
| Group Subscribers:  |             |              |              |              |             |          |
| 0299998. Premiums due and unpaid not individually listed              | 0           | 0            | 0            | 0            | 0           | 0        |
| 0299999. Total group  | 0           | 0            | 0            | 0            | 0           | 0        |
| 0399999. Premiums due and unpaid from Medicare entities               | 68,549      | 0            | 0            | 0            | 0           | 68,549   |
| 0499999. Premiums due and unpaid from Medicaid entities               | 0           | 0            | 0            | 0            | 0           | 0        |
|   |             |              |              |              |             |          |
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|   |             |              |              |              |             |          |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 288,900     | 92,334       | 59,718       | 179,245      | 179,245     | 440,951  |

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

| 1   | 2           | 3            | 4            | 5            | 6           | 7         |
|---|-------------|--------------|--------------|--------------|-------------|-----------|
| Name of Debtor  | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted  |
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed  | 1,071,899   | 0            | 0            | 1,959        | 1,959       | 1,071,899 |
| 0199999. Total Pharmaceutical Rebate Receivables                              | 1,071,899   | 0            | 0            | 1,959        | 1,959       | 1,071,899 |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed      | 322         | 0            | 0            | 0            | 0           | 322       |
| 0299999. Total Claim Overpayment Receivables                                  | 322         | 0            | 0            | 0            | 0           | 322       |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed    | 0           | 0            | 0            | 0            | 0           | 0         |
| 0399999. Total Loans and Advances to Providers                                | 0           | 0            | 0            | 0            | 0           | 0         |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed | 0           | 0            | 0            | 0            | 0           | 0         |
| 0499999. Total Capitation Arrangement Receivables                             | 0           | 0            | 0            | 0            | 0           | 0         |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed           | 0           | 0            | 0            | 0            | 0           | 0         |
| 0599999. Total Risk Sharing Receivables                                       | 0           | 0            | 0            | 0            | 0           | 0         |
| 0699998. Aggregate Other Receivables Not Individually Listed                  | 0           | 0            | 0            | 0            | 0           | 0         |
| 0699999. Total Other Receivables  | 0           | 0            | 0            | 0            | 0           | 0         |
|   |             |              |              |              |             |           |
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|   | 4 070 004   | •            |              | 4 050        | 4 050       | 4 070 004 |
| 0799999 Gross health care receivables   | 1,072,221   | 0            | 0            | 1,959        | 1,959       | 1,072,221 |

## **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

|  |                       |                    | 7   |                    | _               | _                     |
|--|-----------------------|--------------------|---|--------------------|-----------------|-----------------------|
|  |                       | eivables Collected | Health Care Receivables Accrued as of December 31 of Current Year |                    | 5               | 6                     |
|  | During                | the Year           |   |                    |                 |                       |
|  | 1                     | 2                  | 3   | 4                  | Health Care     | Estimated Health Care |
|  | On Amounts Accrued    |                    | On Amounts Accrued  |                    | Receivables in  | Receivables Accrued   |
|  | Prior to January 1 of | On Amounts Accrued | December 31 of  | On Amounts Accrued | Prior Years     | as of December 31     |
| Type of Health Care Receivable   | Current Year          | During the Year    | Prior Year  | During the Year    | (Columns 1 + 3) | of Prior Year         |
|  | 983.964               | 3,273,924          | 0   | 1.073.858          | 983,964         | 983,964               |
| Pharmaceutical rebate receivables  | 903,904               | 3,273,924          | 0   | 1,073,000          | 983,904         | 983,904               |
| Claim overpayment receivables  | 47                    | 0                  | 0   | 322                | 47              | 46                    |
|  |                       |                    |   |                    |                 |                       |
| Loans and advances to providers  | 0                     | 0                  | 0   | 0                  | 0               | 00                    |
| Capitation arrangement receivables   | 0                     | 0                  | 0   | 0                  | 0               | 0                     |
| 4. Supridition distributions and the suprime s |                       |                    |   |                    |                 |                       |
| 5. Risk sharing receivables  | 0                     | 0                  | 0   | 0                  | 0               | 0                     |
| Other health care receivables  | 0                     | 0                  | 0   | 0                  | 0               | 0                     |
| Other riealth care receivables   |                       | 0                  | U   | U                  | 0               | U                     |
| 7. Totals (Lines 1 through 6)  | 984,011               | 3,273,924          | 0   | 1,074,180          | 984,011         | 984,011               |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

# **EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

|  | Aging Analysis of Unpaid Claims |              |              |               |               |           |
|--|---------------------------------|--------------|--------------|---------------|---------------|-----------|
| 1  | 2                               | 3            | 4            | 5             | 6             | 7         |
| Account  | 1 - 30 Days                     | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total     |
| Claims Unpaid (Reported)                                       |                                 |              |              |               |               |           |
| 0199999. Individually listed claims unpaid                     | 0                               | 0            | 0            | 0             | 0             | C         |
| 0299999. Aggregate accounts not individually listed- uncovered | 123, 141                        | 4,885        | 1,838        | 92            | 288           | 130,244   |
| 0399999. Aggregate accounts not individually listed-covered    | 479,440                         | 19,021       | 7,155        | 359           | 1,121         | 507,096   |
| 0499999. Subtotals   | 602,581                         | 23,906       | 8,993        | 451           | 1,409         | 637,340   |
| 0599999. Unreported claims and other claim reserves            |                                 |              | <u> </u>     |               |               | 6,962,838 |
| 0699999. Total amounts withheld                                |                                 |              |              |               |               | С         |
| 0799999. Total claims unpaid                                   |                                 |              |              |               |               | 7,600,178 |
|  |                                 |              |              |               |               |           |
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|  |                                 |              |              |               |               |           |
| 0899999 Accrued medical incentive pool and bonus amounts       |                                 |              |              |               |               | 471 EA    |
| obadada Accided inedical incentive pool and bonds amounts      |                                 |              |              |               |               | 471,54    |

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1  | 2           | 3            | 4            | 5            | 6           | Admi      | tted        |
|--|-------------|--------------|--------------|--------------|-------------|-----------|-------------|
|  | _           |              |              |              | ,           | 7         | 8           |
| Name of Affiliate                            | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current   | Non-Current |
| Humana Inc.                                  | 3, 153, 650 |              | 0            | 0            | 0           | 3,153,650 | 0           |
| 0199999. Individually listed receivables     | 3,153,650   | 0            | 0            | 0            | 0           | 3,153,650 | 0           |
| 0299999. Receivables not individually listed | 0           | 0            | 0            | 0            | 0           | 0         | 0           |
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|  |             |              |              |              |             |           |             |
| 0399999 Total gross amounts receivable       | 3,153,650   | 0            | 0            | 0            | 0           | 3,153,650 | 0           |

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

| 1                            | 2           | 3      | 4       | 5           |
|------------------------------|-------------|--------|---------|-------------|
| Affiliate                    | Description | Amount | Current | Non-Current |
|                              |             |        |         |             |
|                              |             |        |         |             |
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|                              | NONE        |        |         |             |
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|                              |             |        |         |             |
| 0399999 Total gross payables |             |        |         |             |

## **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

|   | 1              | 2                 | 3       | 4                | 5                    | 6<br>Column 1    |
|---|----------------|-------------------|---------|------------------|----------------------|------------------|
|   | Direct Medical | Column 1          | Total   | Column 3         | Column 1             | Expenses Paid to |
|   | Expense        | as a %            | Members | as a %           | Expenses Paid to     | Non-Affiliated   |
| Payment Method  | Payment        | of Total Payments | Covered | of Total Members | Affiliated Providers | Providers        |
| Capitation Payments:                                      |                |                   |         |                  |                      |                  |
| 1. Medical groups   | 11, 154, 400   | 15.5              | 10,610  | 100.0            | 0                    | 11, 154, 400     |
| 2. Intermediaries.  | 0              | 0.0               | 0       | 0.0              | 0                    | 0                |
| 3. All other providers                                    | 0              | 0.0               | 0       | 0.0              | 0                    | 0                |
| 4. Total capitation payments.                             | 11, 154, 400   | 15.5              | 10,610  | 100.0            | 0                    | 11, 154, 400     |
| Other Payments:   |                |                   |         |                  |                      |                  |
| 5. Fee-for-service  | 3,881,790      | 5.4               | XXX     | XXX              | 0                    | 3,881,790        |
| 6. Contractual fee payments                               | 56,942,921     | 79.1              | XXX     | XXX              | 0                    | 56,942,921       |
| 7. Bonus/withhold arrangements - fee-for-service          | 0              | 0.0               | XXX     | XXX              | 0                    | 0                |
| 8. Bonus/withhold arrangements - contractual fee payments | 0              | 0.0               | XXX     | XXX              | 0                    | 0                |
| 9. Non-contingent salaries                                | 0              | 0.0               | XXX     | XXX              | 0                    | 0                |
| 10. Aggregate cost arrangements                           | 0              | 0.0               | XXX     | XXX              | 0                    | 0                |
| 11. All other payments                                    | 0              | 0.0               | XXX     | XXX              | 0                    | 0                |
| 12. Total other payments                                  | 60,824,711     | 84.5              | XXX     | XXX              | 0                    | 60,824,711       |
| 13. TOTAL (Line 4 plus Line 12)                           | 71,979,111     | 100%              | XXX     | XXX              | 0                    | 71,979,111       |

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

| 1              | 2                    | 3               | 4                                | 5  | 6                 |
|----------------|----------------------|-----------------|----------------------------------|--|-------------------|
|                | <del>-</del>         | •               | Average                          | Intermediary's<br>Total Adjusted Capital | Intermediary's    |
|                |                      |                 | Monthly                          | Intermediary's                           | Authorized        |
| NAIC Code      | Name of Intermediary | Capitation Paid | Average<br>Monthly<br>Capitation | Total Adjusted Capital                   | Control Level RBC |
|                |                      |                 |                                  |  |                   |
|                |                      |                 |                                  |  |                   |
|                |                      |                 |                                  |  |                   |
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|                |                      |                 |                                  |  |                   |
|                |                      |                 |                                  |  |                   |
|                |                      |                 |                                  |  |                   |
| 9999999 Totals |                      |                 | XXX                              | XXX                                      | XXX               |

# Exhibit 8 - Furniture and Equipment Owned

# NONE



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. Grand Rapids, MI Humana Medical Plan of Michigan, Inc. REPORT FOR: 1. CORPORATION

|  |                   |                   |                   |                        | _              |                |  | (LOCATION               | N)                    |       |
|--|-------------------|-------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINES                             | S IN THE STATE OF |                   |                   |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 14224 |
|  | 1                 | Comprehensive (Ho | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10    |
|  | Total             | 2<br>Individual   | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| Total Members at end of:                                 |                   |                   |                   |                        |                |                |  |                         |                       |       |
| 1. Prior Year  | 30,074            | 25,048            | 0                 | 0                      | 0              | 0              | 0  | 5,026                   | 0                     |       |
| 2. First Quarter   | 12,273            | 6,495             | 0                 | 0                      | 0              | 0              | 0  | 5,778                   | 0                     |       |
| 3. Second Quarter  | 11,419            | 5,456             | 0                 | 0                      | 0              | 0              | 0  | 5,963                   | 0                     |       |
| 4. Third Quarter   | 10,963            | 4,816             | 0                 | 0                      | 0              | 0              | 0  | 6,147                   | 0                     |       |
| 5. Current Year  | 10,610            | 4,306             | 0                 | 0                      | 0              | 0              | 0  | 6,304                   | 0                     |       |
| 6. Current Year Member Months                            | 136,216           | 64,322            | 0                 | 0                      | 0              | 0              | 0  | 71,894                  | 0                     |       |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                   |                        |                |                |  |                         |                       |       |
| 7 Physician  | 160,481           | 54,121            | 0                 | 0                      | 0              | 0              | 0  | 106,360                 | 0                     |       |
| 8. Non-Physician   | 75,323            | 18,911            | 0                 | 0                      | 0              | 0              | 0  | 56,412                  | 0                     |       |
| 9. Total   | 235,804           | 73,032            | 0                 | 0                      | 0              | 0              | 0  | 162,772                 | 0                     |       |
| 10. Hospital Patient Days Incurred                       | 20,766            | 3,746             | 0                 | 0                      | 0              | 0              | 0  | 17,020                  | 0                     |       |
| 11. Number of Inpatient Admissions                       | 2,341             | 515               | 0                 | 0                      | 0              | 0              | 0  | 1,826                   | 0                     |       |
| 12. Health Premiums Written (b)                          | 77,261,747        | 18,636,000        | 0                 | 0                      | 0              | 0              | 0  | 58,625,747              | 0                     |       |
| 13. Life Premiums Direct                                 | 0                 | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 14. Property/Casualty Premiums Written                   | 0                 | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 15. Health Premiums Earned                               | 77,261,747        | 18,636,000        | 0                 | 0                      | 0              | 0              | 0  | 58,625,747              | 0                     |       |
| 16. Property/Casualty Premiums Earned                    | 0                 | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 17. Amount Paid for Provision of Health Care Services    | 71,979,111        | 21,363,574        | 0                 | 0                      | 0              | 0              | 0  | 50,615,537              | 0                     |       |
| 18 Amount Incurred for Provision of Health Care Services | 67,439,423        | 14,820,407        | 0                 | 0                      | 0              | 0              | 0  | 52,619,016              | 0                     |       |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_642 and number of persons insured under indemnity only products \_\_\_\_\_\_0 .

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......58,625,747



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

2. Grand Rapids, MI Humana Medical Plan of Michigan, Inc. REPORT FOR: 1. CORPORATION

|  |                   |                    |                   |                        |                |                |  | (LOCATIOI               | N)                    |       |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 14224 |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10    |
|  | Total             | Individual         | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |       |
| 1. Prior Year  | 30,074            | 25,048             | 0                 | 0                      | 0              | 0              | 0  | 5,026                   | 0                     |       |
| 2. First Quarter   | 12,273            | 6,495              | 0                 | 0                      | 0              | 0              | 0  | 5,778                   | 0                     |       |
| 3. Second Quarter  | 11,419            | 5,456              | 0                 | 0                      | 0              | 0              | 0  | 5,963                   | 0                     |       |
| 4. Third Quarter   | 10,963            | 4,816              | 0                 | 0                      | 0              | 0              | 0  | 6,147                   | 0                     |       |
| 5. Current Year  | 10,610            | 4,306              | 0                 | 0                      | 0              | 0              | 0  | 6,304                   | 0                     |       |
| 6. Current Year Member Months                            | 136,216           | 64,322             | 0                 | 0                      | 0              | 0              | 0  | 71,894                  | 0                     |       |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |       |
| 7 Physician  | 160,481           | 54,121             | 0                 | 0                      | 0              | 0              | 0  | 106,360                 | 0                     |       |
| 8. Non-Physician   | 75,323            | 18,911             | 0                 | 0                      | 0              | 0              | 0  | 56,412                  | 0                     |       |
| 9. Total   | 235,804           | 73,032             | 0                 | 0                      | 0              | 0              | 0  | 162,772                 | 0                     |       |
| 10. Hospital Patient Days Incurred                       | 20,766            | 3,746              | 0                 | 0                      | 0              | 0              | 0  | 17,020                  | 0                     |       |
| 11. Number of Inpatient Admissions                       | 2,341             | 515                | 0                 | 0                      | 0              | 0              | 0  | 1,826                   | 0                     |       |
| 12. Health Premiums Written (b)                          | 77,261,747        | 18,636,000         | 0                 | 0                      | 0              | 0              | 0  | 58,625,747              | 0                     |       |
| 13. Life Premiums Direct                                 | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 14. Property/Casualty Premiums Written                   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 15. Health Premiums Earned                               | 77,261,747        | 18,636,000         | 0                 | 0                      | 0              | 0              | 0  | 58,625,747              | 0                     |       |
| 16. Property/Casualty Premiums Earned                    | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 17. Amount Paid for Provision of Health Care Services    | 71,979,111        | 21,363,574         | 0                 | 0                      | 0              | 0              | 0  | 50,615,537              | 0                     |       |
| 18 Amount Incurred for Provision of Health Care Services | 67,439,423        | 14,820,407         | 0                 | 0                      | 0              | 0              | 0  | 52,619,016              | 0                     |       |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_642 and number of persons insured under indemnity only products \_\_\_\_\_\_0 .

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......58,625,747

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1               | 2      | 3         | 4                 | 5                           | 6           | 7        | 8        | 9                 | 10                  | 11          | 12                |
|-----------------|--------|-----------|-------------------|-----------------------------|-------------|----------|----------|-------------------|---------------------|-------------|-------------------|
|                 |        |           |                   |                             |             |          |          | Reserve Liability |                     |             |                   |
| NAIC            |        |           |                   |                             | Type of     |          |          | Other Than for    | Reinsurance Payable | Modified    |                   |
| Company<br>Code | ID     | Effective |                   | Domiciliary<br>Jurisdiction | Reinsurance |          | Unearned | Unearned          | on Paid and         | Coinsurance | Funds Withheld    |
| Code            | Number | Date      | Name of Reinsured | Jurisdiction                | Assumed     | Premiums | Premiums | Premiums          | Unpaid Losses       | Reserve     | Under Coinsurance |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             | <b>\</b>    |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
|                 |        |           |                   |                             |             |          |          |                   |                     |             |                   |
| 9999999 - T     | otals  |           |                   |                             |             |          |          |                   |                     |             |                   |

# **SCHEDULE S - PART 2**

| Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current |                   |                   |                                    |                             |             |               |  |  |
|---|-------------------|-------------------|------------------------------------|-----------------------------|-------------|---------------|--|--|
| 1   | 2                 | 3                 | 4                                  | 5                           | 6           | 7             |  |  |
| NAIC  |                   |                   |                                    |                             |             |               |  |  |
| Company<br>Code   | ID<br>Number      | Effective<br>Date | Name of Company                    | Domiciliary<br>Jurisdiction | Paid Losses | Unpaid Losses |  |  |
| 0399999. To   | otal Life and A   | nnuity - U.S. A   | Affiliates                         |                             | 0           | . (           |  |  |
|   | otal Life and A   |                   |                                    |                             | 0           | (             |  |  |
|   | otal Life and A   |                   |                                    |                             | 0           | (             |  |  |
| 1099999. To   | otal Life and A   | nnuity - Non-A    | ffiliates                          |                             | 0           | (             |  |  |
|   | otal Life and A   |                   |                                    |                             | 0           | (             |  |  |
| 1499999. To   | otal Accident a   | and Health - U.   | S. Affiliates                      |                             | 0           | (             |  |  |
| 1799999. To   | otal Accident a   | and Health - No   | on-U.S. Affiliates                 |                             | 0           | (             |  |  |
|   | otal Accident a   |                   |                                    |                             | 0           | (             |  |  |
|   |                   |                   |                                    | DC                          | 534,613     |               |  |  |
|   | ccident and He    |                   |                                    |                             | 534,613     | (             |  |  |
|   | otal Accident a   |                   | on-Affiliates                      |                             | 534,613     | (             |  |  |
| 2299999. To   | otal Accident a   | and Health        |                                    |                             | 534,613     | 0             |  |  |
|   |                   |                   | 0899999, 1499999 and 1999999)      |                             | 534,613     | 0             |  |  |
| 2499999. To   | otal Non-U.S.     | (Sum of 06999     | 999, 0999999, 1799999 and 2099999) |                             | 0           | 0             |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
| ·   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    | [                           |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                   |                   |                                    |                             |             |               |  |  |
| ·   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
|   |                   |                   |                                    |                             |             |               |  |  |
| 0000000   | 4-1- 1.'C. A      |                   | J4 J                               |                             | F04 646     |               |  |  |
| 9999999 To  | itais - Life, Anr | nuity and Accid   | dent and Health                    |                             | 534,613     | (             |  |  |

## **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

|          |                           |                 | Reinsurance C  | eded Accid   | ent and Healt   | h Insurance Lis | sted by Reinsuring Co | impany as of Decei | mber 31, Current Yea | ar            |                |             |                |
|----------|---------------------------|-----------------|--|--------------|-----------------|-----------------|-----------------------|--------------------|----------------------|---------------|----------------|-------------|----------------|
| 1        | 2                         | 3               | 4  | 5            | 6               | 7               | 8                     | 9                  | 10                   | Outstanding S | Surplus Relief | 13          | 14             |
|          |                           |                 |  | Domi-        |                 |                 |                       |                    | Reserve Credit       | 11            | 12             |             |                |
| NAIC     |                           |                 |  | ciliary      | Type of         | Type of         |                       | Unearned           | Taken Other          |               |                | Modified    | Funds Withheld |
| Company  | ID                        | Effective       |  | Juris-       | Reinsurance     | Business        |                       | Premiums           | than for Unearned    |               |                | Coinsurance | Under          |
| Code     | Number                    | Date            | Name of Company  | diction      | Ceded           | Ceded           | Premiums              | (Estimated)        | Premiums             | Current Year  | Prior Year     | Reserve     | Coinsurance    |
| 0399999. | Total Genera              | l Account - Au  | uthorized U.S. Affiliates                                |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 0699999. | Total Genera              | l Account - Au  | uthorized Non-U.S. Affiliates                            |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 0799999. | Total Genera              | l Account - Au  | uthorized Affiliates                                     |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 37273    | 39-1338397                | 10/01/2015      | AXIS INSURANCE COMPANY                                   | IL           | SSL/A/I         | CMM             | (59)                  | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 16535    | 36-4233459                | 01/01/2017      | ZURICH AMERICAN INSURANCE COMPANY                        | NY           | SSL/A/I         | MR              | 3,496                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 0899999. | General Acco              | ount - Authoriz | zed U.S. Non-Affiliates                                  |              |                 |                 | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 1099999. | Total Genera              | l Account - Αι  | uthorized Non-Affiliates                                 |              |                 |                 | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 1199999. | Total Genera              | I Account Aut   | horized  |              |                 |                 | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 | nauthorized U.S. Affiliates                              |              |                 |                 | 0                     | 0                  | 0                    | 0             |                | 0           | 0              |
| 1799999. | Total Genera              | l Account - Ur  | nauthorized Non-U.S. Affiliates                          |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 1899999. | Total Genera              | l Account - Ur  | nauthorized Affiliates                                   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 2199999. | Total Genera              | l Account - Ur  | nauthorized Non-Affiliates                               |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 2299999. | Total Genera              | I Account Una   | authorized   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 2599999. | Total Genera              | l Account - Ce  | ertified U.S. Affiliates                                 |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 2899999. | Total Genera              | l Account - Ce  | ertified Non-U.S. Affiliates                             |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 2999999. | Total Genera              | l Account - Ce  | ertified Affiliates                                      |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 3299999. | Total Genera              | l Account - Ce  | ertified Non-Affiliates                                  |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 3399999. | Total Genera              | I Account Cer   | tified   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 3499999. | Total Genera              | I Account Aut   | horized, Unauthorized and Certified                      |              |                 |                 | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 3799999. | Total Separa              | te Accounts -   | Authorized U.S. Affiliates                               |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 4099999. | Total Separa              | te Accounts -   | Authorized Non-U.S. Affiliates                           |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 | Authorized Affiliates                                    |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 4499999. | Total Separa              | te Accounts -   | Authorized Non-Affiliates                                |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 4599999. | Total Separa              | te Accounts A   | authorized   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 4899999. | Total Separa              | te Accounts -   | Unauthorized U.S. Affiliates                             |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 5199999. | Total Separa              | te Accounts -   | Unauthorized Non-U.S. Affiliates                         |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 5299999. | Total Separa              | te Accounts -   | Unauthorized Affiliates                                  |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 5599999. | Total Separa              | te Accounts -   | Unauthorized Non-Affiliates                              |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 5699999. | Total Separa              | te Accounts U   | Inauthorized   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 5999999. | Total Separa              | te Accounts -   | Certified U.S. Affiliates                                |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 | Certified Non-U.S. Affiliates                            |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 6399999. | Total Separa              | te Accounts -   | Certified Affiliates                                     |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 | Certified Non-Affiliates                                 |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           | te Accounts C   |  |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 | authorized, Unauthorized and Certified                   |              |                 |                 | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 6999999. | Total U.S. (S<br>6499999) | um of 039999    | 9, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, | 4299999, 489 | 9999, 5399999,  | 5999999 and     | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 7099999. | Total Non-U.S             |                 | 99999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099 | 999, 4399999 | , 5199999, 5499 | 999, 6299999    | 0                     | 0                  | 0                    | 0             | 0              | 0           | 0              |
| 9999999  |                           | ,               |  |              |                 |                 | 3,437                 | 0                  | 0                    | 0             | 0              | 0           | 0              |
|          |                           |                 |  |              |                 |                 | 2,107                 | Ţ                  |                      | , ,           |                |             |                |

Schedule S - Part 4
NONE

Schedule S - Part 4 - Bank Footnote **NONE** 

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

# SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

| Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)  1 2 3 4 5 |  |      |       |       |       |      |  |  |  |  |  |
|--|--|------|-------|-------|-------|------|--|--|--|--|--|
|  |  | 2017 | 2016  | 2015  | 2014  | 2013 |  |  |  |  |  |
|  | A. OPERATIONS ITEMS  |      |       |       |       |      |  |  |  |  |  |
| 1.   | Premiums   | 0    | 780   | 715   | 1,120 | 0    |  |  |  |  |  |
| 2.   | Title XVIII - Medicare   | 3    | 3     | (50)  | 58    | 50   |  |  |  |  |  |
| 3.   | Title XIX - Medicaid   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 4.   | Commissions and reinsurance expense allowance  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 5.   | Total hospital and medical expenses  | 811  | 1,700 | 4,808 | 8,002 | 0    |  |  |  |  |  |
|  | B. BALANCE SHEET ITEMS   |      |       |       |       |      |  |  |  |  |  |
| 6.   | Premiums receivable  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 7.   | Claims payable   | 0    | 247   | 712   | 1,631 | 0    |  |  |  |  |  |
| 8.   | Reinsurance recoverable on paid losses   | 535  | 2,793 | 5,290 | 6,370 | 0    |  |  |  |  |  |
| 9.   | Experience rating refunds due or unpaid  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 10.  | Commissions and reinsurance expense allowances due                                   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 11.  | Unauthorized reinsurance offset  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 12.  | Offset for reinsurance with Certified Reinsurers                                     | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
|  | C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)                    |      |       |       |       |      |  |  |  |  |  |
| 13.  | Funds deposited by and withheld from (F)   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 14.  | Letters of credit (L)  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 15.  | Trust agreements (T)   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 16.  | Other (O)  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
|  | D. REINSURANCE WITH CERTIFIED<br>REINSURERS (DEPOSITS BY AND FUNDS<br>WITHHELD FROM) |      |       |       |       |      |  |  |  |  |  |
| 17.  | Multiple Beneficiary Trust   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 18.  | Funds deposited by and withheld from (F)   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 19.  | Letters of credit (L)  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 20.  | Trust agreements (T)   | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |
| 21.  | Other (O)  | 0    | 0     | 0     | 0     | 0    |  |  |  |  |  |

### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|     | ,   | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|-----|---|------------------------------------|---------------------------------|-----------------------------------|
|     | ASSETS (Page 2, Col. 3)   |                                    |                                 |                                   |
| 1.  | Cash and invested assets (Line 12)  | 33,207,163                         | 0                               | 33,207,163                        |
| 2.  | Accident and health premiums due and unpaid (Line 15)   | 1,305,575                          | 0                               | 1,305,575                         |
| 3.  | Amounts recoverable from reinsurers (Line 16.1)   | 534,613                            | (534,613)                       | 0                                 |
| 4.  | Net credit for ceded reinsurance  | XXX                                | 534,613                         | 534,613                           |
| 5.  | All other admitted assets (Balance)   | 4,782,281                          | 0                               | 4,782,281                         |
| 6.  | Total assets (Line 28)  | 39,829,632                         | 0                               | 39,829,632                        |
|     | LIABILITIES, CAPITAL AND SURPLUS (Page 3)   |                                    |                                 |                                   |
| 7.  | Claims unpaid (Line 1)  | 7,600,178                          | 0                               | 7,600,178                         |
| 8.  | Accrued medical incentive pool and bonus payments (Line 2)  | 471,545                            | 0                               | 471,545                           |
| 9.  | Premiums received in advance (Line 8)   | 1,346,421                          | 0                               | 1,346,421                         |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 0                                  | 0                               | 0                                 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount)  | 0                                  | 0                               | 0                                 |
| 12. | Reinsurance with Certified Reinsurers (Line 20 inset amount)  | 0                                  | 0                               | 0                                 |
| 13. | Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)  | 0                                  | 0                               | 0                                 |
| 14. | All other liabilities (Balance)   | 6,078,505                          | 0                               | 6,078,505                         |
| 15. | Total liabilities (Line 24)   | 15,496,649                         | 0                               | 15,496,649                        |
| 16. | Total capital and surplus (Line 33)   | 24,332,983                         | XXX                             | 24,332,983                        |
| 17. | Total liabilities, capital and surplus (Line 34)  | 39,829,632                         | 0                               | 39,829,632                        |
|     | NET CREDIT FOR CEDED REINSURANCE  |                                    |                                 |                                   |
| 18. | Claims unpaid   | 0                                  |                                 |                                   |
| 19. | Accrued medical incentive pool  | 0                                  |                                 |                                   |
| 20. | Premiums received in advance  | 0                                  |                                 |                                   |
| 21. | Reinsurance recoverable on paid losses  | 534,613                            |                                 |                                   |
| 22. | Other ceded reinsurance recoverables  | . 0                                |                                 |                                   |
| 23. | Total ceded reinsurance recoverables  | 534,613                            |                                 |                                   |
| 24. | Premiums receivable   | 0                                  |                                 |                                   |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers   | 0                                  |                                 |                                   |
| 26. | Unauthorized reinsurance  | 0                                  |                                 |                                   |
| 27. | Reinsurance with Certified Reinsurers   | 0                                  |                                 |                                   |
| 28. | Funds held under reinsurance treaties with Certified Reinsurers   | 0                                  |                                 |                                   |
| 29. | Other ceded reinsurance payables/offsets  | 0                                  |                                 |                                   |
| 30. | Total ceded reinsurance payables/offsets  | . 0                                |                                 |                                   |
| 31. | Total net credit for ceded reinsurance  | 534,613                            |                                 |                                   |

#### **SCHEDULE T - PART 2**

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN** Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama ..... 3. ... AZ 4. ..... AR 5. California ... CA 6 Colorado CO Connecticut 7. 8. \_\_\_\_\_ DE Delaware ..... 9. 10. Florida ..... FL 11. Georgia ...... GA Hawaii ...... HI 13. .....ID 14. .....IL Indiana ..... 15 .....IN 16. lowa .....IA ..... KS 17. Kansas .... 18. Kentucky ..... ..... KY 19. Louisiana ...... LA 20. Maine ..... ..... ME 21. ..... MD Maryland ..... 22. Massachusetts ...... MA 23. Michigan ..... ..... MI 24. Minnesota ..... MN 25. Mississippi MS 26. Missouri MO ..... MT 27. Montana ..... 28. Nebraska ..... 29. Nevada ..... 31. New Jersey ...... 32. New Mexico ..... 33. New York ..... 34. North Carolina ...... NC ..... ND 35. North Dakota ..... ..... OH 36. Ohio ..... 37. Oklahoma ...... OK 38. .....OR Oregon ..... 39. Pennsylvania ..... ..... PA 40. ..... RI 41. South Carolina ...... SC 42. South Dakota ...... SD 43 Tennessee ...... TN 44 Texas TX Utah ...... UT 45. Vermont ...... VT 46. 47. Virginia ...... VA 48. Washington ...... WA 49. West Virginia ..... WV 50. Wisconsin ..... WI 51. Wyoming ...... WY 52. American Samoa ...... AS 53 Guam ..... GU ..... PR 54. Puerto Rico 55. U.S. Virgin Islands \_\_\_\_\_ VI 56. Northern Mariana Islands ..... MP 57. Canada ...... CAN

Aggregate Other Alien ...... OT

59.

Total

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

|              | PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM |                |                          |         |     |   |   |                  |            |   |                    |         |                       |         |        |
|--------------|--|----------------|--------------------------|---------|-----|---|---|------------------|------------|---|--------------------|---------|-----------------------|---------|--------|
| 1            | 2  | 3              | 4                        | 5       | 6   | 7                                       | 8   | 9                | 10         | 11  | 12                 | 13      | 14                    | 15      | 16     |
|              |  |                |                          |         |     |   |   |                  |            |   | Type               | If      |                       | ,       |        |
|              |  |                |                          |         |     |   |   |                  |            |   | of Control         | Control |                       | ,       |        |
|              |  |                |                          |         |     |   |   |                  |            |   | (Ownership,        | is      |                       | ls an   |        |
|              |  |                |                          |         |     | Name of Securities                      |   |                  | Relation-  |   | Board,             | Owner-  |                       | SCA     |        |
|              |  |                |                          |         |     | Exchange                                |   | Domi-            | ship       |   | Management,        | ship    |                       | Filing  | ] ,    |
|              |  | NAIC           |                          |         |     | if Publicly Traded                      | Names of                                    | ciliary          | to         |   | Attorney-in-Fact,  | Provide |                       | Re-     | ] ,    |
| Group        |  | Company        | ID                       | Federal |     | (U.S. or                                | Parent, Subsidiaries                        | Loca-            | Reporting  | Directly Controlled by  | Influence,         | Percen- | Ultimate Controlling  | quired? |        |
| Code         | Group Name   | Code           | Number                   | RSSD    | CIK | International)                          | Or Affiliates                               | tion             | Entity     | (Name of Entity/Person)   | Other)             | tage    | Entity(ies)/Person(s) | (Y/N)   | *      |
| 0119         | Humana Inc.  | 00000          | 65-0851053               |         |     |   | 154th Street Medical Plaza, Inc.            | FL               | NIA        | CAC-Florida Medical Centers, LLC  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 20-0381804               |         |     |   | 1st Choice Home Health Care, LLC            | FL               | NI A       | SeniorBridge Family Companies (FL), Inc                                     | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  |                | . 20-5309363             |         |     |   | 515-526 W MainSt Condo Council of Co-Owners | KY               | NI A       | Preservation on Main, Inc.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119<br>0119 | Humana Inc.  | 00000          | 65-0293220<br>45-3818750 |         |     |   | 54th Street Medical Plaza, Inc              | FL               | NIA<br>NIA | CAC-Florida Medical Centers, LLC<br>SeniorBridge Family Companies (FL), Inc | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 65-0380198               |         |     |   | American Eldercare, Inc.                    |                  | NI A       | American Eldercare of North Florida, LLC                                    | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 12151          | 20-1001348               |         |     |   | Arcadian Health Plan. Inc.                  |                  | IA         | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 59-3715944               |         |     |   | Availity, L.L.C.                            | DE               | OTH        | See Footnote 1  | Board of Directors | 0.000   | Humana Inc.           |         | 1      |
| 0119         | Humana Inc.  | 00000          | 30-0117876               |         |     |   | CAC Medical Center Holdings, Inc.           | FL               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 26-0010657               |         |     |   | CAC-Florida Medical Centers, LLC            | FL               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 26-0815856               | -       |     |   | Care Partners Home Care, LLC                | FL               | NI A       | SeniorBridge Family Companies (FL), Inc                                     | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 39-1514846               |         |     |   | CareNetwork, Inc.                           | WI               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 95754          | 59-2598550<br>62-1579044 |         |     |   | CarePlus Health Plans, Inc.                 | FL<br>TN         | IAIA       | CAC Medical Center Holdings, IncPHP Companies. Inc.                         | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 95158          | 61-1279717               |         |     |   | CHA HMO. Inc.                               | KY               | IA         | CHA Service Company   | Ownership          | 100.000 | Humana Inc.           |         | 0<br>0 |
| 0119         | Humana Inc.  | 00000          | 61-1279717               |         |     |   | CHA Service Company                         | KY               | NIA        | Humana Health Plan, Inc.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 52015          | 59-2531815               |         |     | *************************************** | CompBenefits Company                        | FL               | IA         | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 04-3185995               |         |     |   | CompBenefits Corporation                    | DE               | NI A       | Humana Inc.   | Ownership.         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 11228          | 36-3686002               |         |     |   | CompBenefits Dental, Inc.                   | IL               | IA         | Dental Care Plus Management Corporation                                     | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 00000          | 58-2228851               |         |     |   | CompBenefits Direct, Inc.                   | DE               | NI A       | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 60984          | 74-2552026               |         |     |   | CompBenefits Insurance Company              | TX               | IA         | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 45–3713941               |         |     |   | Complex Clinical Management, Inc.           | FL               | NI A       | SeniorBridge Family Companies (FL), Inc                                     | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 42-1575099               |         |     |   | Comprehensive Health Insights, Inc.         | <u>I</u> L       | NI A       | Humana Inc.   | . Ownership        | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 59-2716023<br>20-5646291 |         |     |   | Continucare Corporation                     | FL               | NIA<br>NIA | Metropolitan Health Networks, Inc   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 65-0791417               |         |     |   | Continucare Medical Management, Inc.        | .  FL<br>        | NIA        | Continucare Corporation   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 65-0780986               |         |     |   | Continucare MSO. Inc.                       | FL               | NIA        | Continucare Corporation   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 00000          | 75-2043865               |         |     |   | Humana Behavioral Health, Inc.              | TX               | IA.        | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 33-0916248               |         |     |   | DefenseWeb Technologies, Inc.               | DE               | NI A       | Humana Inc.   | Ownership.         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 36-3512545               |         |     |   | Dental Care Plus Management Corp.           | IL               | NI A       | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 95161          | 76-0039628               |         |     |   | DentiCare, Inc.                             | TX               | IA         | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 88595          | 31-0935772               |         |     |   | Emphesys Insurance Company                  | TX               | IA         | Emphesys, Inc.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 61-1237697               |         |     |   | Emphesys, Inc.                              | DE               | NIA        | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 27-1649291<br>61-1223418 |         |     |   | Harris, Rothenberg International Inc        | NY<br>DE         | NIA        | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| פווע         | нинана ПС.   |                | 0 1-12234 10             |         |     |   | Humana EAP and Work-Life Services of        | UE               | NI A       | numana mu.  | - Owner 2011 h     | 100.000 | Fiumand THC.          |         | ν      |
| 0119         | Humana Inc.  | 00000          | 46-4912173               | 1       |     |   | California. Inc.                            | CA               | IA.        | Harris, Rothenberg International Inc  | Ownership          | 100.000 | Humana Inc.           | [ '     | 0      |
| 0119         | Humana Inc.  | 00000          | 26-3592783               |         |     |   | HUM Provider Holdings, LLC                  | DE               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 20-4835394               |         |     |   | Humana Active Outlook, Inc.                 | KY               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 75-2739333               | .       |     |   | Humana At Home (Dallas), Inc.               | TX               | NI A       | ROHC, L.L.C.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 76-0537878               |         |     |   | Humana At Home (Houston), Inc.              | TX               | NI A       | ROHC, L.L.C.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 00000          | 04-3580066               | -       |     |   | Humana at Home (MA), Inc.                   | MA               | NIA        | Humana at Home, Inc.  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 65-0274594               |         |     |   | Humana At Home 1, Inc.                      | FL<br>DE         | NIA        | Humana Dental Company   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119<br>0119 | Humana Inc.  | 00000<br>60052 | 13-4036798<br>37-1326199 | -       |     |   | Humana at Home, Inc                         | . UE<br>. IL     | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 59-1843760               |         |     |   | Humana Dental Company                       | .     L<br>.  FL | NI A       | CompBenefits Corporation  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 95519          | 58-2209549               |         |     |   | Humana Employers Health Plan of GA. Inc.    | GA               | IA         | Humana Insurance Company  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 61-1241225               |         |     |   | Humana Government Business, Inc.            | DE               | NI A       | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 95642          | 72-1279235               |         |     |   | Humana Health Benefit Plan of LA, Inc.      | LA               | IA         | Humana Insurance Company  | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 13558          | 26–2800286               |         |     |   | Humana Health Company of New York, Inc      | NY               | IA         | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 69671          | 61-1041514               |         |     |   | Humana Health Ins. Co. of Florida, Inc.     | FL               | IA         | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000          | 26-3473328               |         |     |   | Humana Health Plan of California, Inc.      | CA               | IA         | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
|              | Humana Inc.  | 95348          | 31-1154200               | -       |     |   | Humana Health Plan of Ohio, Inc.            | OH               | IIA        | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 95024          | 61-0994632               |         |     |   | Humana Health Plan of Texas, Inc            | TX               | IA         | Humana Inc.   | Ownership          | 100.000 | Humana Inc.           |         | 0      |

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

|              | PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM |         |                          |         |      |                    |  |          |              |  |                   |         |                       |         |        |
|--------------|--|---------|--------------------------|---------|------|--------------------|--|----------|--------------|--|-------------------|---------|-----------------------|---------|--------|
| 1            | 2  | 3       | 4                        | 5       | 6    | 7                  | 8  | 9        | 10           | 11                                       | 12                | 13      | 14                    | 15      | 16     |
|              |  |         |                          |         |      |                    | _  |          |              |  | Type              | lf      |                       | , i     | 1      |
|              |  |         |                          |         |      |                    |  |          |              |  | of Control        | Control |                       | Į,      | 1      |
|              |  |         |                          |         |      |                    |  |          |              |  | (Ownership,       | is      |                       | ls an   | 1      |
|              |  |         |                          |         |      | Name of Securities |  |          | Relation-    |  | Board,            | Owner-  |                       | SCA     | 1      |
|              |  |         |                          |         |      | Exchange           |  | Domi-    | ship         |  | Management,       | ship    |                       | Filina  | 1      |
|              |  | NAIC    |                          |         |      | if Publicly Traded | Names of   | ciliary  | to           |  | Attorney-in-Fact, | Provide |                       | Re-     | 1      |
| Group        |  | Company | ID                       | Federal |      | (U.S. or           | Parent, Subsidiaries   | Loca-    | Reporting    | Directly Controlled by                   | Influence,        | Percen- | Ultimate Controlling  | quired? | 1      |
| Code         | Group Name   | Code    | Number                   | RSSD    | CIK  | International)     | Or Affiliates  | tion     | Entity       | (Name of Entity/Person)                  | Other)            | tage    | Entity(ies)/Person(s) | (Y/N)   | *      |
| 0119         | Humana Inc.  | 95885   | 61-1013183               | TIGGD   | Oiix | international)     | Humana Health Plan. Inc.   | KY       | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           | (1/14)  |        |
| 0119         | Humana Inc.  | 95721   | 66-0406896               |         |      |                    | Humana Health Plans of Puerto Rico. Inc.   | PR       | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-0647538               |         |      | NYSE               | Humana Inc   | DE       | UDP          | See Footnote 2                           | Other             | 0.000   | See Footnote 2        |         | 2      |
| 0119         | Humana Inc.  | 00000   | 61-1343791               |         |      |                    | Humana Innovation Enterprises, Inc.  | DE       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 73288   | 39-1263473               |         |      |                    | Humana Insurance Company   | WI       | IA           | CareNetwork, Inc.                        | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 60219   | 61-1311685               |         |      |                    | Humana Insurance Company of Kentucky   | KY       | IA           | Humana Insurance Company                 | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 12634   | 20-2888723               |         |      |                    | Humana Insurance Company of New York   | NY       | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 84603   | 66-0291866               |         |      |                    | Humana Insurance of Puerto Rico, Inc   | PR       | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 20-3364857               | -       |      |                    | Humana MarketPOINT of Puerto Rico, Inc.  | PR       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-1343508               |         |      |                    | Humana MarketPOINT, Inc.   | KY       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 14224   | 27-3991410               |         |      |                    | Humana Medical Plan of Michigan, Inc.  | MI       | RE           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 12908   | 27-4660531               |         |      |                    | Humana Medical Plan of Pennsylvania, Inc   | PA<br>UT | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119<br>0119 | Humana Inc.  | 95270   | 20-8411422               |         |      |                    | Humana Medical Plan of Utah, Inc.  | UT<br>FL | IAIA         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0<br>0 |
| 0119         | Humana Inc.  | 00000   | 45-2254346               |         |      |                    | Humana Pharmacy Solutions, Inc.  | KY       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-1316926               |         |      |                    | Humana Pharmacy, Inc.  | DE       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 12282   | 20-2036444               |         |      |                    | Humana Regional Health Plan, Inc.  | AR       | IA           | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 20-8418853               |         |      |                    | Humana Veterans Healthcare Services. Inc.  | DE       | NIA          | Humana Government Business. Inc.         | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 26-4522426               |         |      |                    | Humana WellWorks LLC   | DE       | NIA          | Health Value Management, Inc.            | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 95342   | 39-1525003               |         |      |                    | Humana Wisc. Health Org. Ins. Corp.  | WI       | IA           | CareNetwork, Inc.                        | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 70580   | 39-0714280               |         |      |                    | HumanaDental Insurance Company   | WI       | IA           | HumanaDental. Inc.                       | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-1364005               |         |      |                    | HumanaDental, Inc.   | DE       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 27-4535747               |         |      |                    | Go365, LLC   | DE       | NI A         | HumanaWellworks LLC                      | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-1239538               |         |      |                    | Humco, Inc.  | KY       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 61-1383567               |         |      |                    | HUM-e-FL, Inc.   | FL       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 86-1050795               |         |      |                    | Hummingbird Coaching Systems LLC   | H        | NIA          | Harris, Rothenberg International Inc     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 39-1769093               |         |      |                    | Independent Care Health Plan   | WI       | HTQ          | See Footnote 3                           | Other             | 50.000  | Humana Inc.           |         | 3      |
| 0119         | Humana Inc.  | 65110   | 57-0380426               |         |      |                    | Kanawha Insurance Company  | SC       | IA           | KMG America Corporation                  | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119<br>0119 | Humana Inc.  | 00000   | 20-1377270<br>61-1232669 |         |      |                    | KMG America Corporation  | VA       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc            |         | 0      |
| 0119         | Humana Inc.  | 00000   | 65-0879131               |         |      |                    | Managed Care Indemnity, Inc  | FL       | NIA          | Metropolitan Health Networks, Inc.       | Ownership         | 100.000 | Humana Inc.           |         | 0<br>0 |
| 0119         | Humana Inc.  | 00000   | 65-0635728               |         |      |                    | Metropolitan Health Networks, Inc.   | FL       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 65-0992582               |         |      |                    | Naples Health Care Specialists, LLC  | FL       | NIA          | SeniorBridge Family Companies (FL), Inc. | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 65-0688221               |         |      |                    | Nursing Solutions, LLC   | FL       | NIA          | SeniorBridge Family Companies (FL), Inc  | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 62-1552091               |         |      |                    | PHP Companies. Inc.  | TN       | NIA          | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 62-1250945               |         |      |                    | Preferred Health Partnership, Inc.   | TN       | NIA          | PHP Companies, Inc.                      | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 20-1724127               |         |      |                    | Preservation on Main, Inc.   | KY       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 46-1225873               |         |      |                    | Primary Care Holdings, Inc.  | DE       | NI A         | Humana Inc.                              | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 75-2844854               |         |      |                    | ROHC, L.L.C.   | TX       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 56-2593719               |         |      |                    | SeniorBridge (NC), Inc.  | NC       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 80-0581269               |         |      |                    | SeniorBridge Care Management, Inc.   | NY       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 46-0702349               |         |      |                    | SeniorBridge Family Companies (AZ), Inc  | AZ       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 45-3039782               |         |      |                    | SeniorBridge Family Companies (CA), Inc.   | CA       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 27-0452360<br>65-1096853 |         |      |                    | SeniorBridge Family Companies (CT), Inc  | CT       | NI A<br>NI A | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119<br>0119 | Humana Inc.  | 00000   | 02-0660212               |         |      |                    | SeniorBridge Family Companies (FL), Inc<br>SeniorBridge Family Companies (IL), Inc | FL       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0<br>0 |
| 0119         | Humana Inc.  | 0000    | 20-0301155               |         |      |                    | SeniorBridge Family Companies (IL), Inc  | IN       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 81-0557727               |         |      |                    | SeniorBridge Family Companies (ND), Inc  | MD       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 46-0677759               |         |      |                    | SeniorBridge Family Companies (MD), Inc  | MO       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 36-4484449               |         |      |                    | SeniorBridge Family Companies (NJ), Inc.   | NJ       | NIA          | Humana at Home. Inc.                     | Ownership.        | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 36-4484443               |         |      |                    | SeniorBridge Family Companies (NY), Inc.   | NY       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 20-0260501               |         |      |                    | SeniorBridge Family Companies (OH), Inc.   | 0H       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 38-3643832               |         |      |                    | SeniorBridge Family Companies (PA), Inc  | PA       | NIA          | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |
| 0119         | Humana Inc.  | 00000   | 01-0766084               | .       |      |                    | Humana At Home (San Antonio), Inc  | TX       | NI A         | Humana at Home, Inc.                     | Ownership         | 100.000 | Humana Inc.           |         | 0      |

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1     | 2           | 3       | 4          | 5       | 6   | 7                  | 8   | 9       | 10        | 11                                      | 12                | 13      | 14                    | 15      | 16 |
|-------|-------------|---------|------------|---------|-----|--------------------|---|---------|-----------|---|-------------------|---------|-----------------------|---------|----|
|       |             |         | -          |         |     | -                  | _   |         |           |   | Type              | If      |                       |         |    |
|       |             |         |            |         |     |                    |   |         |           |   | of Control        | Control |                       |         |    |
|       |             |         |            |         |     |                    |   |         |           |   | (Ownership,       | is      |                       | ls an   |    |
|       |             |         |            |         |     | Name of Securities |   |         | Relation- |   | Board,            | Owner-  |                       | SCA     |    |
|       |             |         |            |         |     | Exchange           |   | Domi-   | ship      |   | Management,       | ship    |                       | Filing  |    |
|       |             | NAIC    |            |         |     | if Publicly Traded | Names of                                    | ciliary | to        |   | Attorney-in-Fact, | Provide |                       | Re-     |    |
| Group |             | Company | ID         | Federal |     | (U.S. or           | Parent, Subsidiaries                        | Loca-   | Reporting | Directly Controlled by                  | Influence,        | Percen- | Ultimate Controlling  | quired? | ?  |
| Code  | Group Name  | Code    | Number     | RSSD    | CIK | International)     | Or Affiliates                               | tion    | Entity    | (Name of Entity/Person)                 | Other)            | tage    | Entity(ies)/Person(s) | (Y/N)   | *  |
| 0119  | Humana Inc. |         | 46-0691871 |         |     |                    | SeniorBridge Family Companies (VA), Inc     | VA      |           | Humana at Home, Inc.                    | Ownership         |         | Humana Inc.           |         | 0  |
|       | Humana Inc. |         | 59-2518701 |         |     |                    | SeniorBridge-Florida, LLC                   | FL      |           | SeniorBridge Family Companies (FL), Inc | Ownership         |         | Humana Inc.           |         | 0  |
| 0119  | Humana Inc. |         | 74-2352809 |         |     |                    | Texas Dental Plans, Inc.                    | TX      | NIA       | Humana Dental Company                   | Ownership         |         | Humana Inc.           |         | 0  |
| 0119  | Humana Inc. |         | 52-1157181 |         |     |                    | The Dental Concern, Inc.                    | KY      |           | HumanaDental, Inc.                      | Ownership         | 100.000 | Humana Inc.           |         | 0  |
|       | Humana Inc. |         | 75-2600512 |         |     |                    | Humana at Home (TLC), Inc.                  | TX      |           | ROHC, L.L.C.                            | Ownership         |         | Humana Inc.           |         | 0  |
| 0119  | Humana Inc. |         | 80-0072760 |         |     |                    | Transcend Insights, Inc.                    | DE      | NI A      | Humana Inc.                             | Ownership         | 100.000 | Humana Inc.           |         | 0  |
| 0119  | Humana Inc. | 00000   | 46-5329373 |         |     |                    | Transcend Population Health Management, LLC | DE      | NI A      | Humana Inc.                             | Ownership         | 100.000 | Humana Inc.           |         | 0  |
|       |             |         |            |         |     |                    | Humana Management Services of Puerto Rico,  |         |           |   |                   |         |                       |         |    |
| 0119  | Humana Inc. | 00000   | 66-0872725 |         |     |                    | Inc   | PR      | NI A      | Humana Inc.                             | Ownership         | 100.000 | Humana Inc.           |         | 0  |
|       |             |         |            |         |     |                    |   |         |           |   |                   |         |                       |         |    |

| Asterisk | Explanation Explanation   |
|----------|---|
|          | Availity, L.L.C., a Delaware limited liability company (Company), was formed by affiliates of Humana Inc. and Blue Cross and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with |
|          | health care service providers initially in the State of Florida. The following companies have Common Unit ownership in the Company: HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida,                      |
|          | Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 29.1% ownership interest, Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and               |
|          | a Member, has 3% ownership interest.  |
| 2        | Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.  |
| 3        | Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For                      |
|          | Independence, Inc. owns the other 50%   |

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES |  |             |               |                    |                                |                             |                 |                     |                  |                   |  |
|--|--|-------------|---------------|--------------------|--------------------------------|-----------------------------|-----------------|---------------------|------------------|-------------------|--|
| 1 2  | 3  | 4           | 5             | 6                  | 7                              | 8                           | 9               | 10 11               | 12               | 13                |  |
|  |  |             |               |                    | Income/                        |                             |                 |                     |                  |                   |  |
|  |  |             |               | Purchases, Sales   | (Disbursements)<br>Incurred in |                             |                 |                     |                  | Reinsurance       |  |
|  |  |             |               | or Exchanges of    | Connection with                |                             | Income/         | Any Other Material  |                  | Recoverable/      |  |
|  |  |             |               | Loans, Securities, | Guarantees or                  |                             | (Disbursements) | Activity Not in the |                  | (Payable) on      |  |
| NAIC   |  |             |               | Real Estate,       | Undertakings for               | Management                  | Incurred Under  | Ordinary Course of  |                  | Losses and/or     |  |
| Company ID   | Names of Insurers and Parent,                                | Shareholder | Capital       | Mortgage Loans or  | the Benefit of any             | Agreements and              | Reinsurance     | the Insurer's       | <b>-</b>         | Reserve Credit    |  |
| Code Number<br>00000 65-0851053                                | Subsidiaries or Affiliates  154th Street Medical Plaza, Inc. | Dividends   | Contributions | Other Investments  | Affiliate(s)                   | Service Contracts (282,834) | Agreements      | * Business          | Totals (282,834) | Taken/(Liability) |  |
| 00000 65-0851053 .<br>00000 20-0381804 .                       | 154th Street Medical Plaza, Inc.                             | 0           |               |                    | 0                              | 189                         |                 | 0  -                | 189              |                   |  |
| 00000 20-5309363   | 515-526 W MainSt Condo Council of Co-                        | 0           | 0             | U                  | 0                              | 109                         | 0               |                     | 109              |                   |  |
| 20-3309303   | Owners   | 0           | 0             | 0                  | 0                              | 0                           | 0               |                     | 0                | 0                 |  |
| 00000 65-0293220   | 54th Street Medical Plaza, Inc.                              | 0           | 0             | 0                  | 0                              | (1,358,432)                 | 0               | 0                   | (1,358,432)      | 0                 |  |
| 00000 45–3818750 .   | American Eldercare of North Florida, LLC                     | 0           | 0             | 0                  | 0                              | 3,703,597                   | 0               | 0                   | 3,703,597        | 0                 |  |
| 00000 65-0380198   | American Eldercare, Inc.                                     | 0           | 0             | 0                  | 0                              | 41,031,480                  | 0               | 0                   | 41,031,480       | 0                 |  |
| 12151 20-1001348   | Arcadian Health Plan, Inc.                                   | 0           | 50,000,000    | 0                  | 0                              | (69,404,678)                | 0               | I0                  | (19,404,678)     | 0                 |  |
| 00000 59–3715944   | Availity, L.L.C.   | 0           | 0             | 0                  | 0                              | 0                           | 0               | 0                   | 0                | 0                 |  |
| 00000 30-0117876 .   | CAC Medical Center Holdings, Inc.                            | 0           | 0             | 0                  | 0                              | (148,668)                   | 0               | 0                   | (148,668)        | 0                 |  |
| 00000 26-0010657 .   | CAC-Florida Medical Centers, LLC                             | 0           | 0             | 0                  | 0                              | (17,638,809)                | 0               | 0                   | (17,638,809)     | 0                 |  |
| 00000 26-0815856 .   | Care Partners Home Care, LLC                                 | 0           | 0             | 0                  | 0                              | 388                         | 0               | 0                   | 388              | 0                 |  |
| 00000 39–1514846 .   | CareNetwork, Inc.  | 0           | 0             | 0                  | 0                              | (616,863)                   | 0               | 0                   | (616,863)        | 0                 |  |
| 95092 59-2598550 .   | CarePlus Health Plans, Inc.                                  | 96,780,000  | 0             | 0                  | 0                              | (57,029,881)                | 0               | 0  -                | 39,750,119       | 0                 |  |
| 95754 62-1579044 .   | Cariten Health Plan Inc.                                     | 43,650,000  | 0             | 0                  | 0                              | (162,315,393)               | 0               | 0  -                | (118,665,393)    | 0                 |  |
| 95158 61–1279717 .   | CHA HMO, Inc.  | 0           | 0             | 0                  | 0                              | (15,451,559)                | 0               | 0 <sub> </sub>      | (15,451,559)     | 0                 |  |
| 00000 61–1279716 .   | CHA Service Company  | 0           | 0             | 0                  | 0                              | 15                          | 0               | 0 <sub> </sub>  -   | 15               | 0                 |  |
| 52015 59–2531815 .   | CompBenefits Company   | 5,000,000   | 0             | 0                  | 0                              | (20,398,997)                | 0               | 0 <sub> </sub>  -   | (15,398,997)     | 0                 |  |
| 00000 04–3185995 .   | CompBenefits Corporation                                     | 1,000,000   | 0             | 0                  | 0                              | 1,094,032                   | 0               | 0                   | 1,094,032        | 0                 |  |
| 11228 36–3686002 .<br>00000 58–2228851 .                       | CompBenefits Dental, Inc.                                    | 1,000,000   | 0             | 0                  | 0                              | (3,101,323)<br>(14,816)     | 0               | <del> </del>        | (2, 101, 323)    | 0                 |  |
| 00000 58-222885160984 74-2552026                               | CompBenefits Direct, Inc                                     | 5,000,000   |               | 0                  | 0                              | (14,816)                    |                 |                     | (14,816)         |                   |  |
| 00000 45-3713941   | Complex Clinical Management, Inc.                            | 5,000,000   | ٠             | 0<br>n             | 0                              |                             | ٥               | l                   | 845,535          | ٥                 |  |
| 00000 43-3713941   | Comprehensive Health Insights, Inc.                          | 0           |               |                    | 0                              | 1,268,692                   | <br>0           | I                   | 1,268,692        |                   |  |
| 00000 59-2716023   | Continucare Corporation                                      | 0           |               | 0                  | 0                              | 12,540,516                  | 0               | 1                   | 12,540,516       | 0                 |  |
| 00000 20-5646291   | Continucare MDHC, LLC  | 0           | 0             | 0                  | 0                              | (318,435)                   | 0               | 0                   | (318,435)        | 0                 |  |
| 00000 65-0791417   | Continucare Medical Management, Inc.                         | 0           | 0             | 0                  | 0                              | (9,042,005)                 | 0               | 0                   | (9,042,005)      | 0                 |  |
| 00000 65-0780986   | Continucare MSO. Inc.  | 0           | 0             | 0                  | 0                              | (1,311,208)                 | 0               | 0                   | (1,311,208)      | 0                 |  |
| 00000 33-0916248   | DefenseWeb Technologies, Inc.                                | 0           | 0             | 0                  | 0                              | (30,758)                    | 0               | 0                   | (30,758)         | 0                 |  |
| 00000 36-3512545   | Dental Care Plus Management Corp.                            | 0           | 0             | 0                  | 0                              | 37,766                      | 0               | 0                   | 37,766           | 0                 |  |
| 95161 76-0039628 .   | DentiCare, Inc.  | 2,000,000   | 0             | 0                  | 0                              | (8,564,298)                 | 0               | 0                   | (6,564,298)      | 0                 |  |
| 88595 31-0935772   | Emphesys Insurance Company                                   | 0           | 0             | 0                  | 0                              | (1,645)                     | 0               | 0                   | (1,645)          | 0                 |  |
| 00000 61–1237697 .   | Emphesys, Inc.   | 0           | 0             | 0                  | 0                              | 239                         | 0               | 0  -                | 239              | 0                 |  |
| 00000 27-4535747   | Go365, LLC   | 0           | 0             | 0                  | 0                              | (10,577,032)                | 0               | 0  -                | (10,577,032)     | 0                 |  |
| 00000 27–1649291 .   | Harris, Rothenberg International Inc                         | 0           | 0             | 0                  | 0                              | (21, 166, 707)              | 0               | 0  -                | (21, 166, 707)   | 0                 |  |
| 00000 61–1223418 .   | Health Value Management, Inc.                                | 0           | 0             | <u>0</u>           | ļ0                             | 20,622                      | 0               | <u>0</u>  -         | 20,622           | 0                 |  |
| 00000 46-4912173 .   | HRI Humana of California Inc.                                | <u>0</u>    | 0             | ļ0                 | ļ0                             |                             | 0               | <u>0</u>  -         | 73,203           | 0                 |  |
| 00000 26–3592783 .   | HUM Provider Holdings, LLC                                   | 0           | 0             | 0                  | ļ0                             | (3,133,073)                 | 0               | <u>0</u>            | (3, 133, 073)    | 0                 |  |
| 00000 20-483539400000 75-2739333                               | Humana Active Outlook, Inc.                                  | 0           | 0             | 0                  | 0                              | 1,501                       | 0               |                     | 1,501            | 0                 |  |
| 00000 75–2739333   | Humana At Home (Dallas), Inc.                                | 0           | 0             | 0                  | }0                             | (594,383)                   | 0               | 0                   | (594,383)        | 0                 |  |
| 00000 76-0537878   | Humana At Home (Houston), Inc.                               |             |               | U                  | J0                             | (938,494)                   |                 | <del> </del>        | (938,494)        |                   |  |
| 00000 01–0766084   | Humana At Home (San Antonio), Inc.                           | <br>n       | <br>n         | U                  | U                              | (8,225,420)                 | <br>n           |                     | (8,225,420)      | U                 |  |
| 00000 75–2600512   | Humana at Home (TLC), Inc.                                   | n           | <br>n         | n                  | n                              | (6,223,420)54               |                 |                     | (6,225,420)      | n                 |  |
| 00000 13-2000312 .   |  | U           | U             | U                  | LU                             | L                           |                 | I                   | J4 [.            |                   |  |

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES |              |   |                          |                          |   |  |   |   |    |   |               |  |
|--|--------------|---|--------------------------|--------------------------|---|--|---|---|----|---|---------------|--|
| 1<br>NAIC  | 2            | 3   | 4                        | 5                        | 6  Purchases, Sales or Exchanges of Loans, Securities, Real Estate, | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for | 8  Management                           | 9  Income/ (Disbursements) Incurred Under | 10 | Any Other Material Activity Not in the Ordinary Course of | 12            | Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or |
| Company<br>Code  | ID<br>Number | Names of Insurers and Parent,<br>Subsidiaries or Affiliates | Shareholder<br>Dividends | Capital<br>Contributions | Mortgage Loans or<br>Other Investments                              | the Benefit of any<br>Affiliate(s)   | Agreements and<br>Service Contracts     | Reinsurance<br>Agreements                 | *  | the Insurer's<br>Business                                 | Totals        | Reserve Credit<br>Taken/(Liability)                          |
| 00000  |              | Humana at Home 1, Inc.                                      | 0                        | 0                        | 0   | 0  | (82,613,664)                            | 0   |    | 0   | (82,613,664)  | 0  |
| 00000  | 13-4036798   | Humana at Home, Inc.  | 0                        | 0                        | 0   | 0  | (862,230)                               | 0   |    | 0   | (862,230)     | 0  |
| 00000  | 75-2043865   | Humana Behavioral Health, Inc.                              | 12,220,000               | 0                        | 0   | 0  | (13,511,264)                            | 0   |    | 0   | (1,291,264)   | 0  |
| 60052  | 37-1326199   | Humana Benefit Plan of Illinois, Inc                        | 0                        | 0                        | 0   | 0  | (104,594,192)                           | 0   |    | 0   | (104,594,192) | 0  |
| 00000  | 59-1843760   | Humana Dental Company                                       | 0                        | 0                        | 0   | 0  | 4,153,046                               | 0   |    | 0   | 4,153,046     | 0  |
| 95519  | 58-2209549   | Humana Employers Health Plan of GA. Inc                     | 55,710,000               | 0                        | 0   | 0  | (104,936,626)                           | 0   |    | 0   | (49,226,626)  | 0  |
|  | 61-1241225   | Humana Government Business, Inc.                            | 0                        | 0                        | 0   | 0  | (76,487,687)                            | 0   |    | 0   | (76,487,687)  | 0  |
| 95642  | 72-1279235   | Humana Health Benefit Plan of LA, Inc                       | 25,000,000               | 0                        | 0   | 0  | (233,031,341)                           | 0   |    | 0   | (208,031,341) | 0  |
| 13558  | 26-2800286   | Humana Health Company of New York, Inc                      | 0                        | 20,000,000               | 0   | 0  | (12,876,800)                            | 0   |    | 0   | 7, 123, 200   | 0  |
|  | 61-1041514   | Humana Health Ins. Co. of Florida, Inc                      | 0                        | 75,000,000               | 0   | 0  | 85,039,813                              | 0   |    | .0  | 160,039,813   | 0  |
| 00000  | 26-3473328   | Humana Health Plan of California, Inc                       | 22,000,000               | 0                        | 0   | 0  | 2,096,052                               | 0   |    | 0   | 24,096,052    | 0  |
| 95348  | 31-1154200   | Humana Health Plan of Ohio, Inc.                            | 0                        | 0                        | 0   | 0  | (11,488,440)                            | 0   |    | 0   | (11,488,440)  | 0  |
|  |              | Humana Health Plan of Texas, Inc.                           | 125,000,000              | 0                        | 0   | 0  | (2,836,584)                             | 0   |    | 0   | 122, 163, 416 | 0  |
| 95885  | 61-1013183   | Humana Health Plan, Inc.                                    | 0 L                      | 0                        | 0   | 0  | (772,761,203)                           | 0   |    | 0   | (772,761,203) | 0  |
|  | 66-0406896   | Humana Health Plans of Puerto Rico, Inc                     | 0                        | 0                        | 0   | 0  | 16,484,697                              | 0   |    | 0   | 16,484,697    | 0  |
|  |              | Humana Inc.   | (1,372,150,000)          | (160.000.000)            | 0   | 0  | 3.114.511.523                           | 0   |    | 0   | 1,582,361,523 | 0  |
|  |              | Humana Innovation Enterprises, Inc.                         | 0                        | 0                        | 0   | 0  | 19,726                                  | 0   |    | 0   | 19,726        | 0  |
|  |              | Humana Insurance Company                                    | 844,290,000              | 0                        | 0   | 0  | (237,525,108)                           | (13,387,510)                              |    | 0   | 593,377,382   | 29,795,022   |
|  |              | Humana Insurance Company of Kentucky                        | 0                        | 0                        | 0   | 0  | (12,614,922)                            | 13,387,510                                |    | 0   | 772,588       | (29,795,022)   |
|  |              | Humana Insurance Company of New York                        | 0                        | 0                        | 0   | 0  | (30,590,874)                            | 0   |    | 0   | (30,590,874)  | 0  |
|  |              | Humana Insurance of Puerto Rico, Inc.                       | 0                        | 0                        | 0   | 0  | (16,484,174)                            | 0   |    | 0   | (16,484,174)  | 0  |
|  | 66-0872725   | Humana Management Services of Puerto                        |                          | <del>-</del>             | •   | •  |   | •   |    | •   |               |  |
|  |              | Rico. Inc.  | 0                        | 0                        | 0   | 0  | 0                                       | 0   |    | 0   | 0             | 0  |
| 00000  | 20-3364857   | Humana MarketPOINT of Puerto Rico, Inc.                     | 0                        | 0                        | 0   | 0  | 0                                       | 0   |    | 0   | 0             | 0  |
|  |              | Humana Marketpoint, Inc.                                    | 0                        | 0                        | 0   | 0  | 502,810,994                             | 0   |    | 0   | 502.810.994   | 0  |
|  |              | Humana Medical Plan of Michigan, Inc.                       | 0                        | 0                        | 0   | 0  | (8,998,859)                             | 0   |    | 0   | (8,998,859)   | 0  |
|  |              | Humana Medical Plan of Pennsylvania, Inc.                   | 0                        | 0                        | 0   | 0  | (11,067,333)                            | 0   |    | 0   | (11,067,333)  | 0  |
| 12908  | 20-8411422   | Humana Medical Plan of Utah, Inc.                           | 0                        | 0                        | 0   | 0  | (5,822,650)                             | 0   |    | 0   | (5,822,650)   | 0  |
|  |              | Humana Medical Plan, Inc.                                   | 100,000,000              | 0                        | 0   | 0  | (878,051,857)                           | 0   |    | 0   | (778,051,857) | 0  |
|  | 45-2254346   |   |                          | 0                        | 0   | 0  | (146,612,971)                           | 0   |    | 0   | (146,612,971) | 0  |
|  |              | Humana Pharmacy, Inc.                                       | 0                        | 0                        | 0   | 0  | (362,942,147)                           | 0   |    | 0   | (362,942,147) | 0  |
|  |              | Humana Regional Health Plan, Inc.                           | 0                        | 0                        | 0   | 0  | (4,417,925)                             | 0   |    | 0   | (4,417,925)   | 0  |
|  | 20-8418853   | Humana Veterans Healthcare Services, Inc.                   |                          |                          |   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -   |    |   |               |  |
|  |              | ,   | 0                        | 0                        | 0   | 0  | (1,889,745)                             | 0   |    | 0   | (1,889,745)   | 0  |
| 00000  | 26-4522426   | Humana WellWorks LLC  | 0                        | 0                        | 0   | 0  | 325                                     | 0   |    | 0   | 325           | 0  |
|  | 39-1525003   | Humana Wisc. Health Org. Ins. Corp.                         | 0                        | 15,000,000               | 0   | 0  | (130,424,827)                           | 0   |    | 0   | (115,424,827) | 0  |
|  | 39-0714280   | HumanaDental Insurance Company                              | 25,000,000               | 0                        | 0   | 0  | (37,596,503)                            | 0   |    | 0   | (12,596,503)  | 0  |
|  |              | HumanaDental, Inc.  | 20,000,000               | 0                        | 0   | 0  |   | 0   |    | 0   |               | 0  |
|  |              | Humco. Inc.   | 0                        | 0                        | 0   | 0  | 1,154                                   | 0   |    | 0   | 1, 154        | 0  |
|  |              | HUM-e-FL. Inc.  | 0                        | 0                        | 0   | 0  | (9,615,118)                             | 0   |    | 0   | (9,615,118)   | 0  |
|  |              | Hummingbird Coaching Systems LLC                            | 0                        | 0                        | 0   | 0  | 2,148,634                               | 0   |    | 0   | 2,148,634     | 0  |
|  | 39-1769093   | Independent Care Health Plan                                | 0                        | 0                        | 0   | 0  | 2, 140,004                              | 0   |    | n   | n l           | 0  |
|  |              | Kanawha Insurance Company                                   | 0                        | 0                        | n   | 0  | (31,683,046)                            | 0   |    | n   | (31.683.046)  | n  |
|  |              | KMG America Corporation                                     | n                        |                          | n   | 0  | 1.029                                   | 0   |    | n   | 1.029         | n  |
|  | LO 1011210   | Tamo Tamor roa our por a troir                              |                          |                          | U   |  | 1,023                                   |   |    | +U  | , ,023        |  |

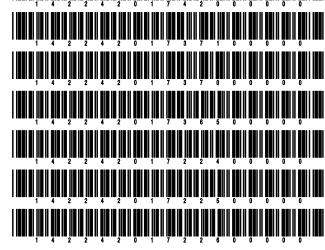
## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1                       | 2            | 3   | 4                        | 5                        | 6   | 7  | I IOINO WI  | 9 I   | 10  | 11   | 12           | 13  |
|-------------------------|--------------|---|--------------------------|--------------------------|---|--|---|---|-----|--|--------------|---|
| NAIC<br>Company<br>Code | ID<br>Number | Names of Insurers and Parent,<br>Subsidiaries or Affiliates | Shareholder<br>Dividends | Capital<br>Contributions | Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management<br>Agreements and<br>Service Contracts | Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | *   | Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | Totals       | Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|                         | 61-1232669   | Managed Care Indemnity, Inc                                 | 6,000,000                | 0                        | 0   | 0  | (4,256,194)                                       | 0   |     | 0  | 1,743,806    | 0   |
|                         | 65-0879131   | METCARE of Florida, Inc.                                    | 0                        | 0                        | 0   | 0  | (10,510,809)                                      | 0   |     | 0  | (10,510,809) | 0   |
|                         | 65-0635728   | Metropolitan Health Networks, Inc                           | 0 [                      | 0                        | 0   | 0  | 346,652   | 0   |     | 0  | 346,652      | 0   |
|                         | 65-0992582   | Naples Health Care Specialists, LLC                         | 0                        | 0                        | 0   | 0  | 189   | 0   |     | 0  | 189          | 0   |
|                         | 65-0688221   | Nursing Solutions, LLC                                      | 0                        | 0                        | 0   | 0  | 189   | 0   |     | 0  | 189          | 0   |
|                         | 62-1552091   | PHP Companies, Inc.   | 0                        | 0                        | 0   | 0  | (2,048)   | 0   |     | 0  | (2,048)      | 0   |
|                         | 62-1250945   | Preferred Health Partnership, Inc.                          | 0                        | 0                        | 0   | 0  | 20  | 0   |     | 0  | 20           | 0   |
|                         | 20-1724127   | Preservation on Main, Inc.                                  | 0                        | 0                        | 0   | 0  | 1,783,161   | 0   |     | 0  | 1,783,161    | 0   |
|                         | 46-1225873   | Primary Care Holdings, Inc                                  | 0                        | 0                        | 0   | 0  | 667,061   | 0   |     | 0  | 667,061      | 0   |
|                         | 75-2844854   | ROHC, L.L.C.  | 0                        | 0                        | 0   | 0  | (495,261)   | 0   |     | 0  | (495,261)    | 0   |
|                         | 56-2593719   | SeniorBridge (NC), Inc.                                     | 0                        | 0                        | 0   | 0  | (5,921,520)                                       | 0   |     | 0  | (5,921,520)  | 0   |
|                         | 80-0581269   | SeniorBridge Care Management, Inc                           | 0                        | 0                        | 0   | 0  | (550,409)   | 0   |     | 0  | (550,409)    | 0   |
|                         | 46-0702349   | SeniorBridge Family Companies (AZ), Inc                     | 0                        | 0                        | 0   | 0  | (3,410,991)                                       | 0   |     | 0  | (3,410,991)  | 0   |
|                         | 45-3039782   | SeniorBridge Family Companies (CA), Inc                     | 0 [                      | 0                        | 0   | 0  | (600,611)   | 0   |     | 0  | (600,611)    | 0   |
|                         | 27-0452360   | SeniorBridge Family Companies (CT), Inc                     | 0                        | 0                        | 0   | 0  | (1,369,739)                                       | 0   |     |  | (1,369,739)  | 0   |
|                         | 65-1096853   | SeniorBridge Family Companies (FL), Inc                     | 0                        | 0                        | 0   | 0  | 3,515,708   | 0   |     | 0  | 3,515,708    | 0   |
| 00000                   | 02-0660212   | SeniorBridge Family Companies (IL), Inc                     | 0                        | 0                        | 0   | 0  | (6,858,025)                                       | 0   |     | 0  | (6,858,025)  | 0   |
| 00000                   | 20-0301155   | SeniorBridge Family Companies (IN), Inc                     | 0                        | 0                        | 0   | 0  | (610,377)   | 0   |     | 0  | (610,377)    | 0   |
| 00000                   | 81-0557727   | SeniorBridge Family Companies (MD), Inc                     | 0                        | 0                        | 0   | 0  | (595,885)   | 0   |     | 0  | (595,885)    | 0   |
| 00000                   | 46-0677759   | SeniorBridge Family Companies (MO), Inc                     | 0                        | 0                        | 0   | 0  | (2,381,972)                                       | 0   |     | 0  | (2,381,972)  | 0   |
|                         | 36-4484449   | SeniorBridge Family Companies (NJ), Inc                     | 0                        | 0                        | 0   | 0  | (2,405,536)                                       | 0   |     | 0  | (2,405,536)  | 0   |
|                         | 36-4484443   | SeniorBridge Family Companies (NY), Inc                     | 0                        | 0                        | 0   | 0  | 1,719,801   | 0   |     | 0  | 1,719,801    | 0   |
|                         | 20-0260501   | SeniorBridge Family Companies (OH), Inc                     | 0                        | 0                        | 0   | 0  | (3,893,165)                                       | 0   |     | 0  | (3,893,165)  | 0   |
| 00000                   | 38-3643832   | SeniorBridge Family Companies (PA), Inc                     | 0                        | 0                        | 0   | 0  | (1,407,611)                                       | 0   |     | 0  | (1,407,611)  | 0   |
|                         | 46-0691871   | SeniorBridge Family Companies (VA), Inc                     | 0                        | 0                        | 0   | 0  | (5,489,723)                                       | 0   |     | 0  | (5,489,723)  | 0   |
| 00000                   | 59-2518701   | SeniorBridge-Florida, LLC                                   | 0                        | 0                        | 0   | 0  | 189   | 0   |     | 0  | 189          | 0   |
| 00000                   | 74-2352809   | Texas Dental Plans, Inc.                                    | 0                        | 0                        | 0   | 0  | (99,914)  | 0   |     | 0  | (99,914)     | 0   |
| 54739                   | 52-1157181   | The Dental Concern, Inc                                     | 3,500,000                | 0                        | 0   | 0  | (6,395,893)                                       | 0   |     | 0  | (2,895,893)  | 0   |
| 00000                   | 80-0072760   | Transcend Insights, Inc.                                    | 0                        | 0                        | 0   | 0  | 22,246,988  | 0   |     | 0  | 22,246,988   | 0   |
| 00000                   | 46-5329373   | Transcend Population Health Management,                     |                          |                          |   |  |   |   |     |  |              |   |
|                         |              | LLC   | 0                        | 0                        | 0   | 0  | 7,447,960   | 0   |     | 0  | 7,447,960    | 0   |
| 9999999 Cor             | ntrol Totals |   | 0                        | 0                        | 0   | 0  | 0   | 0   | XXX | 0  | 0            | 0   |

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

|            | MARCH FUNO   | -  | Responses                        |
|------------|--|--|----------------------------------|
| 1.         | MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by   | v March 1?   | YES                              |
| 2.         | Will an actuarial opinion be filed by March 1?   | ·  | YES                              |
| 3.         | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1  | 1?   | YES                              |
| 4.         | Will the confidential Risk-based Capital Report be filed with the state of domicile  | , if required, by March 1?   | YES                              |
|            | APRIL FILING   |  |                                  |
| 5.         | Will Management's Discussion and Analysis be filed by April 1?   |  | YES                              |
| 6.<br>7.   | Will the Supplemental Investment Risks Interrogatories be filed by April 1?  |  | YES<br>YES                       |
|            | This die Addition and Floatin Foliation Experience Exhibit So mad by April 1.  |  | TEO                              |
| •          | JUNE FILING  |  | \/F0                             |
| 8.<br>9.   | Will an audited financial report be filed by June 1?   | lectronically with the NAIC by June 1?   | YES<br>YES                       |
|            |  | ,,   | 0                                |
| 10.        | Will the regulator-only (non-public) Communication of Internal Control Related M electronically with the NAIC (as a regulator-only non-public document) by Augus   | latters Noted in Audit be filed with the state of domicile and   | YES                              |
|            | The following supplemental reports are required to be filed as part of your annu-  |  | oes not transact the type of     |
|            | business for which the special report must be filed, your response of NO to the be printed below. If the supplement is required of your company but is not being the interrogatory questions.  | specific interrogatory will be accepted in lieu of filing a "NONE"   | ' report and a bar code will     |
|            | MARCH FILING   |  |                                  |
| 11.        | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state  |  | NO                               |
| 12.<br>13. | Will the Supplemental Life data due March 1 be filed with the state of domicile ar Will Schedule SIS (Stockholder Information Supplement) be filed with the state of   |  | NO<br>NO                         |
| 14.        | Will the actuarial opinion on participating and non-participating policies as require  |  | INU                              |
|            | be filed with the state of domicile and electronically with the NAIC by March 1?   |  | NO                               |
| 15.        | Will the actuarial opinion on non-guaranteed elements as required in Interrogator domicile and electronically with the NAIC by March 1?  | ry 3 to Exhibit 5 to Life Supplement be filed with the state of  | NO                               |
| 16.        | Will the Medicare Part D Coverage Supplement be filed with the state of domicile   | e and the NAIC by March 1?   | NO                               |
| 17.        | Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?  | e five-year rotation requirement for lead audit partner be filed   | NO                               |
| 18.        | Will an approval from the reporting entity's state of domicile for relief related to the   | ne one-year cooling off period for independent CPA be filed  |                                  |
| 19.        | electronically with the NAIC by March 1?   | ne Requirements for Audit Committees be filed electronically   | NO                               |
|            | with the NAIC by March 1?  |  | NO                               |
| 20.        | Will the Long-Term Care Experience Reporting Forms be filed with the state of d  | lomicile and the NAIC by April 1?  | NO                               |
| 21.        | Will the Supplemental Life data due April 1 be filed with the state of domicile and  |  | NO                               |
| 22.<br>23. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the sta Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense   |  | YES                              |
| 20.        | NAIC by April 1?   |  | YES                              |
| 24.        | AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed v Explanations:   |  | YES                              |
| 11.        | This type of business is not written.  |  |                                  |
| 12.        | This type of business is not written.  |  |                                  |
|            | This type of business is not written. This type of business is not written.  |  |                                  |
| 15.        | This type of business is not written.  |  |                                  |
| 16.        | This type of business is not written.  |  |                                  |
| 17.<br>18. | No relief will be requested.  No relief will be requested.   |  |                                  |
| 19.        | No relief will be requested.   |  |                                  |
| 20.<br>21. | This type of business is not written. This type of business is not written.  |  |                                  |
|            |  |  |                                  |
| 11.        | Bar Codes:  Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]   |  |                                  |
| • • • •    | Medicare Supplement insurance Experience Exhibit [Decument Identifier 500]   |  |                                  |
|            |  | 1 4 2 2 4 2 0 1 7 3 6 0 0 0  | 0 0 0                            |
| 12.        | Life Supplement [Document Identifier 205]  |  |                                  |
|            |  |  |                                  |
| 13.        | SIS Stockholder Information Supplement [Document Identifier 420]   |  |                                  |
|            |  |  |                                  |
| 1.1        | Dayliainating Oninian for Exhibit 5 [Dayumant Identifier 974]  |  |                                  |
| 14.        | Participating Opinion for Exhibit 5 [Document Identifier 371]  |  |                                  |
|            |  |  |                                  |
| 15.        | Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]   |  |                                  |
|            |  |  |                                  |
| 16.        | Medicare Part D Coverage Supplement [Document Identifier 365]  | . 4 2 2 4 2 0 1 7 3 7 0 0 0<br>  |                                  |
|            |  |  |                                  |
|            |  |  |                                  |
| 17.        | Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]  |  |                                  |
|            | Notice of the second se |  |                                  |
| 18.        | Relief from the one-year cooling off period for independent CPA  | - I NATA MANTALA MANTA |                                  |
|            | [Document Identifier 225]  |  | 201 (1 201   201   1 <b>20</b> 1 |



19. Relief from the Requirements for Audit Committees [Document Identifier 226]

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]



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